

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CONTINENTAL CASUALTY COMPANY,	§	
	§	
Plaintiff,	§	
	§	CIVIL ACTION NO.:
vs.	§	
	§	2:07-CV-221-WHA
	§	
ALABAMA EMERGENCY ROOM	§	
ADMINISTRATIVE SERVICES, P.C.,	§	
	§	
Defendant.	§	

NOTICE OF FILING

COMES NOW Plaintiff Continental Casualty Company and gives notice of filing Exhibit “A,” a certified copy of the workers’ compensation insurance policy issued by Continental Casualty Company to Defendant Alabama Emergency Room Administrative Services, policy number 6BS59UB-7603B64-6-05, for the policy period of May 3, 2005 to May 3, 2006. The Exhibit was inadvertently omitted from Continental Casualty’s Petition for Declaratory Judgment that was filed on March 13, 2007.

/s/ Candace L. Hudson
Brenen G. Ely (0366-E54B)
Joel S. Isenberg (8855-N76J)
Candace L. Hudson (8314-N66H)
Attorneys for Plaintiff Continental Casualty
Company

OF COUNSEL:
ELY & ISENBERG, L.L.C.
600 Beacon Parkway West, Suite 104
Birmingham, Alabama 35209
Telephone: (205) 313-1200
Facsimile: (205) 313-1201

CERTIFICATE OF SERVICE

I do hereby certify that a true and accurate copy of the foregoing has been served on all parties of record by:

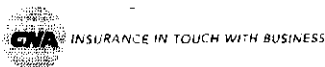
_____	Hand Delivery
_____	U.S. Mail
_____	Overnight Delivery
_____	Facsimile
<u> x </u>	E-File

on this the 12th day of April, 2007.

/s/ Candace L. Hudson
OF COUNSEL

cc: Michael J. Cohan
Hill, Hill, Carter
Post Office Box 116
Montgomery, AL 36101-0116

Exhibit “A”



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

NEW-05

INSURER: CONTINENTAL CASUALTY COMPANY

NCCI CO CODE: 80381

1.

INSURED:

MOOREHOUSE, JOHN DBA ALABAMA
EMERGENCY ROOM ADMINISTRATIVE
4160 CARMICHAEL RD
MONTGOMERY AL 36106-1440

PRODUCER:

COLONIAL INSURANCE AGCY
2000 INTERSTATE PK DR #100
PO BOX 231449
MONTGOMERY AL 36123-1449

Insured is **AN INDIVIDUAL**

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 05-03-05 to 05-03-06 12:01 A.M. at the insured's mailing address.

3. **A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

AL

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

REFER TO RESIDUAL MARKET LIMITED OTHER STATES INSURANCE
ENDORSEMENT WC 00 03 26

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**.

DATE OF ISSUE: 06-08-05 HR

ST ASSIGN: AL

OFFICE: CNA 04J

PRODUCER: COLONIAL INSURANCE AGCY

763JG

CERTIFIED POLICY

The policy to which this certification is affixed is a true and accurate copy of the policy contained in company records and used in the regular course of business as of the date shown below. No representation or warranty is made that this copy is identical in all respects to the policy issued.

No insurance is afforded by this copy

Continental Casualty Company
Name of Insuring Company

UB-7603B64
Policy Number

E. Fitts
Date: *2-8-07*



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CLASSIFICATION SCHEDULE:

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
-----------------	---------	--	---------------------------------------	--------------------------------

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 7363

	STANDARD
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM \$	20763
PREMIUM DISCOUNT	NONE
0900-01 EXPENSE CONSTANT	240
TERRORISM RISK INS ACT 2002	201
DOMESTIC TERRORISM, EQ & CAT-DTEC	67
TOTAL ESTIMATED PREMIUM	21271
DEPOSIT AMOUNT DUE	21271

A/R (WCIP) #

Minimum Premium: \$ 750

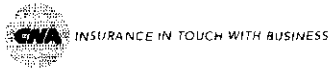
EMPLOYERS LIABILITY MINIMUM: \$ 150

ST ASSIGN: AL

DATE OF ISSUE: 06-08-05 HR

OFFICE: CNA 04J

PRODUCER: COLONIAL INSURANCE AGCY 763JG



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

INSURER: CONTINENTAL CASUALTY COMPANY

80381-AL

INSURED'S NAME: MOOREHOUSE, JOHN DBA ALABAMA
EMERGENCY ROOM ADMINISTRATIVE

RATE BUREAU ID: 010034019

EXP. MOD. EFFECTIVE DATE: 03-01-06

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 630957661 ENTITY CD 001				
MOOREHOUSE, JOHN DBA ALABAMA EMERGENCY ROOM ADMINISTRATIVE				
4160 CARMICHAEL RD MONTGOMERY, AL 36106				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	671090	3.42	22951
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	

LOCATION 002 01

FEIN 630957661 ENTITY CD 001

MOOREHOUSE, JOHN DBA ALABAMA
EMERGENCY ROOM ADMINISTRATIVE

VARIOUS EMERGENCY ROOMS
MONTGOMERY, AL 36111

DATE OF ISSUE: 06-08-05 HR

ST ASSIGN: AL

SCHEDULE NO: 1 OF MORE



INSURANCE IN TOUCH WITH BUSINESS

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 002 01 (CONT'D)				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	IF ANY	3.42	
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	

2.80% EMPL. LIAB. INCREASED LIMITS(9812)	\$	643
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		23594
EXPERIENCE MODIFICATION: .88 MODIFIED PREMIUM		20763
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		20763
0.000 ARAP MODIFICATION PROGRAM		NONE
EXPENSE CONSTANT(0900)		240
TERRORISM RISK INS ACT 2002 (9740)		201
DOMESTIC TERRORISM, EQ & CAT-DTEC(9741)		67
TOTAL ESTIMATED PREMIUM		21271
DEPOSIT AMOUNT DUE		21271

DATE OF ISSUE: 06-08-05 HR

ST ASSIGN: AL

SCHEDULE NO: 2 OF LAST

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

CNA INSURANCE COMPANIES

*Insurance is provided by the company designated on the Declarations Page.
(A stock insurance company, herein called the Company).*

CONTINENTAL CASUALTY COMPANY**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational dis-

ease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE — WORKERS COMPENSATION INSURANCE**A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law.

Enforcement may be against us or against you and us.

4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO—EMPLOYERS LIABILITY INSURANCE**A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. because of bodily injury to your employee that arises out of and in the course of employment,

claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. bodily injury intentionally caused or aggravated by you;
6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions.
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws.

9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws.
10. bodily injury to a master or member of the crew of any vessel.
11. fines or penalties imposed for violation of federal or state law.
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgement as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is ex-

hausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below:

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgement.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE – OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if

we are not permitted to pay the benefits directly to persons entitled to them.

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR – YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE – PREMIUM**A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and
2. All other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy

ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX – CONDITIONS**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While

they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

3. The policy period will end on the day and hour stated in the cancellation notice.

4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

In witness whereof, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut, and countersigned on the information page by a duly authorized agent of the company.



Secretary



President

WC 00 00 00 (A)



INSURANCE IN TOUCH WITH BUSINESS

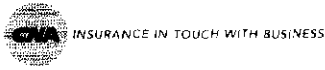
**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 00 01 (A)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**LISTING OF ENDORSEMENTS
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 03 26 A - 001	LIMITED OTHER STATES INSURANCE END
WC 00 04 13 00 - 001	A/R PREMIUM SURCHARGE ENDORSEMENT
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 15 A - 001	ASSIGNED RISK ADJUSTMENT PROGRAM ENDT
WC 00 04 17 00 - 001	A/R LSRP NOTIFICATION
WC 00 01 12 00 - 001	NOTICE OF PENDING LAW CHANGE TO TRIA
WC 00 04 20 00 - 001	TERRORISM RISK INS ACT ENDT
WC 00 04 21 00 - 001	DTEC
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 01 04 02 00 - 001	ALABAMA ANNIVERSARY RATING DATE ENDT.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 26 (A)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**RESIDUAL MARKET
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

"Part Three – Other States Insurance" of the policy is replaced by the following:

PART THREE OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 13 (00)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

ASSIGNED RISK PREMIUM SURCHARGE ENDORSEMENT

This endorsement is added to Part 5 (Premium). It explains the premium you will pay for the insurance afforded by this policy with respect to operations in each state shown in the Schedule.

If the standard premium for any state shown in the Schedule exceeds the amount shown for that state, the entire standard premium for that state will be subject to the Scheduled percentage premium surcharge. The required additional premium is or will be shown in Item 4 of the Information Page.

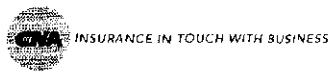
SCHEDULE

State	% Premium Surcharge	Surcharge Applies if State Standard Premium Exceeds:
--------------	--------------------------------	---

SEE EXTENSION OF INFORMATION PAGE – SCHEDULE

DATE OF ISSUE: 06-08-05

ST ASSIGN: AL



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 14 (00)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

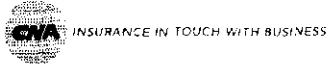
NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

DATE OF ISSUE: 06-08-05

ST ASSIGN: AL



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 15 (A)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

ASSIGNED RISK ADJUSTMENT PROGRAM ENDORSEMENT

This endorsement is added to Part Five (Premium) because one or more of the states shown in Item 3.A. of the Information Page have approved the Assigned Risk Adjustment Program. The Program adds a surcharge to the premium of insureds who are eligible for an experience rating modification, are assigned risks, and meet the other requirements of the Program.

A. Eligibility

1. You are eligible for the Assigned Risk Adjustment Program if you are eligible for an experience rating modification. The application of this program is mandatory for all eligible insureds and shall apply to all assigned risk policies written for such insureds.
2. The adjustment program period is the one-year period beginning with the effective date of the policy. If during the adjustment program period your experience rated modification changes, the Assigned Risk Adjustment Program surcharge factor may also change.

B. Surcharge Application

You must pay a surcharge if your actual losses exceed your modified expected losses, as determined using values from the experience rating modification calculation. The surcharge factor will be applied by multiplying your total modified premium by the surcharge factor. Total modified premium is defined as premium determined by multiplying the total subject premium by the experience modification factor.

C. Interstate Risks

Experience rated risks with multi-state operations shall be subject to the Assigned Risk Adjustment Program in states that have approved it. See the Schedule below.

D. Cancellation

1. If you cancel, the standard premium for the adjustment plan period will be based on our short rate table and procedure. This short rate premium will be used to determine the Assigned Risk Adjustment Program surcharge.
2. Section D.1. will not apply if you cancel because:
 - a. all work covered by the insurance is completed;
 - b. all interest in the business covered by the insurance is sold;
 - c. you retire from all business covered by the insurance; or
 - d. coverage is obtained through the voluntary market.

Schedule

State

Alabama	Connecticut	District of Columbia	Idaho	Iowa	Kansas	New Hampshire
Nevada	North Carolina	South Dakota	Vermont	Virginia		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 17 (00)**

POLICY NUMBER: (6BS590B-7603B64-6-05)

**ASSIGNED RISK LOSS SENSITIVE RATING PLAN
NOTIFICATION ENDORSEMENT**

This endorsement is issued because you may qualify to have the cost of your insurance subject to the assigned risk mandatory Loss Sensitive Rating Plan (LSRP).

Eligibility:

1. Your insurance is written under Workers Compensation Insurance Plan (WCIP) in a state which has adopted the Loss Sensitive Rating Plan (LSRP).
2. The LSRP shall apply to an individual assigned risk policy if the total annual estimated Standard Premium or preliminary physical audit premium equals or exceeds the amount noted in the schedule.
3. A decrease in premium during the first 120 days of coverage which results in the premium falling below the LSRP premium eligibility threshold, shall result in the conversion of the policy to a guaranteed cost policy, retroactive to policy inception.
4. An increase in premium during the first 120 days of coverage which qualifies an employer for the LSRP shall result in the retroactive application of the LSRP to policy inception.
5. After the first 120 days of the coverage term, if it is determined that an employer qualifies for LSRP, the policy shall not be changed until renewal.
6. Notwithstanding, anything above to the contrary, any attempt to avoid the application of the LSRP arising from a misrepresentation or omission by you, your agent, employees, officers or directors shall result in the pro rata application of LSRP from the date upon which it would have applied had such misrepresentation or omission not been made.
7. The LSRP will apply on an interstate basis when the estimated aggregate (total of all states having approved LSRP) annual standard premium meets the premium eligibility requirement for the LSRP state generating the largest premium.

This plan will adjust your premium for this insurance based upon the losses incurred during the period covered by this insurance.

This endorsement applies in the states listed in the schedule below.

SCHEDULE

STATE	PREMIUM ELIGIBILITY
Alabama	\$200,000
Alaska	\$200,000
Connecticut	\$200,000
District of Columbia	\$200,000
Georgia	\$200,000
Idaho	\$200,000
Illinois	\$200,000
Indiana	\$100,000
Kansas	\$200,000
Nevada	\$200,000
New Hampshire	\$175,000
North Carolina	\$200,000
South Carolina	\$200,000
South Dakota	\$200,000
Vermont	\$200,000

DATE OF ISSUE: 06-08-05 ST ASSIGN: AL



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 01 12 (00)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**Notification Endorsement of Pending Law Change to
Terrorism Risk Insurance Act of 2002**

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Act Endorsement (WC 00 04 20) that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act of 2002 (TRIA) took effect on November 26, 2002 and provides for a three-year program under which the Federal Government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative U.S. Congressional action to extend, update or otherwise reauthorize in whole or in part, TRIA is scheduled to expire December 31, 2005.

Since the timetable for any further Congressional action respecting TRIA is unknown at this time, and the exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2005 in the event of TRIA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Act Endorsement (WC 00 04 20) that is attached to your policy, and this amount may continue or change for new, renewal, and inforce policies in effect on or after December 31, 2005 in the event of TRIA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____

DATE OF ISSUE: 06-08-05

ST ASSIGN: AL

Page 1 of 1



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 20 (OO)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

TERRORISM RISK INSURANCE ACT ENDORSEMENT

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002 and any amendments.

"Act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

"Insurer deductible" means:

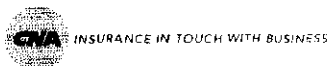
- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States would pay 90% of our insured terrorism or war losses exceeding our insurer deductible.



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 20 (OO)**

POLICY NUMBER: (6BS590B-7603B64-6-05)

2. The additional premium charged for the coverage this policy provides for insured terrorism or war losses is shown in Item 4 of the Information Page or the Schedule below.

Schedule			
State	Rate per \$100 of Remuneration	State	Rate per \$100 of Remuneration
ALABAMA	0.030		

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 21 (OO)**

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC
INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic and foreign terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act (TRIA) of 2002, but rather provides funding for all other acts of terrorism specifically excluded by TRIA.

For purposes of this endorsement, the following definitions apply:

Domestic terrorism: All acts of terrorism outside the scope of TRIA with aggregate workers compensation losses in excess of \$50 million.

Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

See State Schedule WC 00 00 01 (A)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by _____



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 04 19 (00)**

POLICY NUMBER: (6BS590B-7603B64-6-05)

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

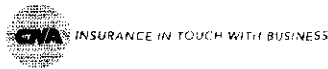
Section D. of Part Five of the policy is replaced by this provision.

PART FIVE

PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 01 04 02 (00)**

POLICY NUMBER: (6BS590B-7603B64-6-05)

ALABAMA ANNIVERSARY RATING DATE ENDORSEMENT

This endorsement applies to the insurance provided by the policy because Alabama is shown in Item 3.A. of the Information Page.

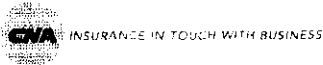
The experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

SCHEDULE

Anniversary Rating Date: 03/01/06

DATE OF ISSUE: 06-08-05

ST ASSIGN: AL



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 89 06 00 (00)

POLICY NUMBER: (6BS590B-7603B64-6-05)

CHANGE EFFECTIVE DATE: 05-03-05

NCCI CO CODE: 80381

INSURER: CONTINENTAL CASUALTY COMPANY

INSURED'S NAME: ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM	\$	RETURN PREMIUM	\$
ADDITIONAL NON-PREMIUM	\$	RETURN NON-PREMIUM	\$

THIS POLICY CHANGE WAS PROCESSED PER A REQUEST RECEIVED FROM YOU
OR YOUR PRODUCER.

THE FOLLOWING ENDORSEMENT(S) IS ADDED:

WC89060000-01	POLICY INFORMATION PAGE ENDORSEMENT
WC89060100-01	CHANGE POLICY INFO ENDT - NAME
WC89061000-01	POLICY INFORMATION PAGE ENDORSEMENT
WC89061400-01	POLICY INFORMATION PAGE ENDORSEMENT

THE FOLLOWING ENTITY NAME(S) IS AMENDED TO READ:

ALABAMA EMERGENCY ROOM ADMINISTRATIVE SERVICES, P.C.

ENTITY NUMBER: 001

THE FOLLOWING ENTITY NAME(S) IS DELETED:

SERVICES

ENTITY NUMBER: 001

DATE OF ISSUE: 06-24-05	HR CHANGE NO: 001	PAGE 001	OF LAST
POL. EFF. DATE: 05-03-05	POL. EXP. DATE: 05-03-06		
OFFICE: CNA	04J		
PRODUCER: COLONIAL INSURANCE AGCY	763JG		



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 89 06 01 (00) - 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

The Insured's Name is changed to read: **ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.**

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 06-24-05

ST ASSIGN: AL



INSURANCE IN TOUCH WITH BUSINESS

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 89 06 10 (00) — 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

The Insured's Legal Status is changed to read: **A CORPORATION**

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 06-24-05

ST ASSIGN: AL



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 89 06 14 (00) – 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

Item 3.D. Endorsement numbers is changed to read:

SEE CHANGE DOCUMENT OR INFORMATION PAGE SCHEDULE

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 06-24-05

ST ASSIGN: AL



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 89 06 00 (00)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CHANGE EFFECTIVE DATE: 05-03-05

NCCI CO CODE: 80381

INSURER: CONTINENTAL CASUALTY COMPANY

INSURED'S NAME: ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ 151548
ADDITIONAL NON-PREMIUM \$ NIL

RETURN PREMIUM \$ NIL
RETURN NON-PREMIUM \$ NIL

THE CURRENT POLICY EXPOSURES AND/OR CLASSIFICATIONS HAVE BEEN
UPDATED TO REFLECT THE LATEST AVAILABLE AUDIT INFORMATION.

THE FOLLOWING ENDORSEMENT(S) IS ADDED:

WC89041500-01 POLICY INFO PAGE ENDT
WC89060000-01 POLICY INFORMATION PAGE ENDORSEMENT
WC89061400-01 POLICY INFORMATION PAGE ENDORSEMENT

THE INFO PAGE SCHEDULE(S) ATTACHED REPLACE THOSE ON THE POLICY.

DATE OF ISSUE: 11-30-05 HR CHANGE NO: 002 PAGE 001 OF LAST
POL. EFF. DATE: 05-03-05 POL. EXP. DATE: 05-03-06
OFFICE: CNA 04J
PRODUCER: COLONIAL INSURANCE AGCY 763JG



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

INSURER: CONTINENTAL CASUALTY COMPANY

80381-AL

INSURED'S NAME: ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

RATE BUREAU ID: 010034019

EXP. MOD. EFFECTIVE DATE: 03-01-06

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 630957661 ENTITY CD 001				
ALABAMA EMERGENCY ROOM ADMINISTRATIVE SERVICES, P.C.				
4160 CARMICHAEL RD MONTGOMERY, AL 36106				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	5506886	3.42	188336
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	

LOCATION 002 01

FEIN 630957661 ENTITY CD 001

ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

VARIOUS EMERGENCY ROOMS
MONTGOMERY, AL 36111



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 002 01 (CONT'D)				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	IF ANY	3.42	-
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	

2.80% EMPL. LIAB. INCREASED LIMITS(9812)	\$	5273
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		193609
EXPERIENCE MODIFICATION: .88 MODIFIED PREMIUM		170376
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		170376
0.000 ARAP MODIFICATION PROGRAM		NONE
EXPENSE CONSTANT(0900)		240
0.0000 TERRORISM RISK INS ACT 2002 (9740)		1652
DOMESTIC TERRORISM, EQ & CAT-DTEC(9741)		551
TOTAL ESTIMATED PREMIUM		172819
DEPOSIT AMOUNT DUE		172819



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 89 04 15 (00) – 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

Item #4 is changed to the following:

PREMIUM BASIS				
Classifications	Code No.	Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

SEE CHANGE DOCUMENT OR INFORMATION PAGE SCHEDULE

Total Estimated Annual Premium \$

Minimum Premium \$

Deposit Premium \$

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 11-30-05

ST ASSIGN: AL



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 89 06 14 (00) – 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

Item 3.D. Endorsement numbers is changed to read:

SEE CHANGE DOCUMENT OR INFORMATION PAGE SCHEDULE

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CHANGE DOCUMENT WC 89 06 00 (00)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CHANGE EFFECTIVE DATE: 05-03-05

NCCI CO CODE: 80381

INSURER: CONTINENTAL CASUALTY COMPANY

INSURED'S NAME: ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

This change is issued by the Company or Companies that issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$
ADDITIONAL NON-PREMIUM \$

RETURN PREMIUM \$
RETURN NON-PREMIUM \$

THE POLICY CHANGE DESCRIPTION IS AS FOLLOWS:
PROGRAM CODE 002

THE FOLLOWING ENDORSEMENT(S) IS ADDED:
WC89060000-01 POLICY INFORMATION PAGE ENDORSEMENT
WC89061400-01 POLICY INFORMATION PAGE ENDORSEMENT

THE INFO PAGE SCHEDULE(S) ATTACHED REPLACE THOSE ON THE POLICY.

DATE OF ISSUE: 02-20-06 HR CHANGE NO: 003 PAGE 001 OF LAST
POL. EFF. DATE: 05-03-05 POL. EXP. DATE: 05-03-06
OFFICE: CNA 04J
PRODUCER: COLONIAL INSURANCE AGCY 763JG



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

INSURER: CONTINENTAL CASUALTY COMPANY

80381-AL

INSURED'S NAME: ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.

RATE BUREAU ID: 010034019

EXP. MOD. EFFECTIVE DATE: 03-01-06

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 630957661 ENTITY CD 001				
ALABAMA EMERGENCY ROOM ADMINISTRATIVE SERVICES, P.C.				
4160 CARMICHAEL RD MONTGOMERY, AL 36106				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	5506886	3.42	188336
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	
LOCATION 002 01				
FEIN 630957661 ENTITY CD 001				
ALABAMA EMERGENCY ROOM ADMINISTRATIVE SERVICES, P.C.				
VARIOUS EMERGENCY ROOMS MONTGOMERY, AL 36111				

DATE OF ISSUE: 02-20-06 HR

ST ASSIGN: AL

SCHEDULE NO: 1 OF MORE



WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (6BS59UB-7603B64-6-05)

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 002 01 (CONT'D)				
HOSPITAL: PROFESSIONAL EMPLOYEES	8833	IF ANY	3.42	
HOSPITAL: ALL OTHER EMPLOYEES	9040	IF ANY	6.87	

2.80% EMPL. LIAB. INCREASED LIMITS(9812)	\$	5273
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION		193609
EXPERIENCE MODIFICATION: .88 MODIFIED PREMIUM		170376
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		170376
0.000 ARAP MODIFICATION PROGRAM		NONE
EXPENSE CONSTANT(0900)		240
0.0000 FOREIGN TERRORISM / TRIA (9740)		1652
DOMESTIC TERRORISM, EQ & CAT-DTEC(9741)		551
TOTAL ESTIMATED PREMIUM		172819
DEPOSIT AMOUNT DUE		172819

DATE OF ISSUE: 02-20-06 HR

ST ASSIGN: AL

SCHEDULE NO: 2 OF LAST



**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

ENDORSEMENT WC 89 06 14 (00) – 001

POLICY NUMBER: (6BS59UB-7603B64-6-05)

**POLICY INFORMATION PAGE
ENDORSEMENT**

Item 3.D. Endorsement numbers is changed to read:

SEE CHANGE DOCUMENT OR INFORMATION PAGE SCHEDULE

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



2420 LAKEMONT AVE STE 100
ORLANDO FL 32814

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

CANCELLATION

PAST DUE PREMIUM
NOTICE

ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.
4160 CARMICHAEL RD
MONTGOMERY AL 36106-1440

CANCEL NOTICE - NONPAYMENT OF PREMIUM

COMPANY REQUEST - NONPAYMENT

THIS NOTICE IS TO:

EFFECTIVE DATE OF CANCELLATION: 03-13-06

ALABAMA EMERGENCY ROOM
ADMINISTRATIVE SERVICES, P.C.
4160 CARMICHAEL RD
MONTGOMERY AL 36106-1440

AMOUNT DUE: \$ 151548

POLICY NUMBER: (6BS59UB-7603B64-6-05)

We wish to inform you that your policy designated herein is cancelled in accordance with its terms as of the effective date of cancellation indicated herein, and at the hour on which the policy became effective. Any premium adjustment required by the policy will be made.

THIS DOCUMENT IS ISSUED ONLY BY THE COMPANY OR COMPANIES THAT ISSUED THIS POLICY. FOR ANY INFORMATION CONCERNING THIS CANCELLATION, PLEASE CONTACT YOUR PRODUCER.

INSURER: CONTINENTAL CASUALTY COMPANY

DATE OF ISSUE: 02-21-06 WC

POL. EFF. DATE: 05-03-05

POL. EXP. DATE: 05-03-06

ST ASSIGN: AL

OFFICE: CNA

04J

PRODUCER: COLONIAL INSURANCE AGCY

763JG

WUNT2D00